

Please type a plus sign (+) inside this box PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OBM 0651-0035 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/618,129	
Filing Date	07/17/2000	RECEIVED
First Named Inventor	Wang, X.B.	ILOLIVE
Group Art Unit	1656	NOV 2 0 2002
Examiner Name	Spiegler, A.	140 A D C CO.
Attorney Docket Number	TRIM1	OENTED 4000

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application: \boxtimes A Power of Attorney or Authorization of Agent is submitted herewith. OR Please change the correspondence address for the above-identified application to: Place Customer Customer Number Bar Code Number ORLabel here Firm or Individual Name Address Address City ZIP State Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Xiao Bing Wang Signature Date 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. *Total of 1 forms are submitted.

Burden Hour Statement. This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035 C.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

to a conection of information drifess it displays a valid Civib control humber.				
Application Number	09/618,129			
Filing Date	07/17/2000			
First Named Inventor	Wang, X.B.			
Title	DETECTION OF SEQUENCE			
Group Art Unit	1656			
Examiner Name	Spiegler, A.			
Attorney Docket Number	TRIM1			

I hereby appoint:			Place Customer	RECEIVED
Practitioners a	t Customer Number		Number Bar Code	PEOFIVE
OR	Codstollier Number		Label here	NOV 2 0 2002
X Practitioner(s)	named below:		,	
	Name		Registration Number T	ECIL CENTED 400410
John E.	John E. Curtin, Esq.		Registration Number TECH CE 37,602	
as my/our attorney(s) or agent(s) to prosecute the ap	oplication identified at	ove, and to transact	all
business in the Unite	ed States Patent and Trademark Offic	e connected therewith	·	
	correspondence address for the a	above-identified appl	ication to:	4
	tioned Customer Number.			·
OR			Place Customer	
_	t Customer Number		Number Bar Code Label here	
OR				-
X Firm or	John E. Curtin, Esq.			
Individual Name				
Address	1660 International D	rive		
Address	Suite 600			
City	McLean,	State VA	Zip 2	2102
County	Fairfax (256		700) 70/ /0/0	
Telephone	(703) 734-4356	Fax (703) 734-4340	
I am the:				
Applicant/Invent	or:			
	ord of the entire interest. See 37 CFR			
Statement und	er 37 CFR 3.73(b) is enclosed. (F			
	SIGNATURE of Applica	ant or Assignee of Re	cord	
Name Xiao	Bing Wang			
Signature	yes-			
Date	11/15/2002			
	he inventors or assignees of record of th	ne entire interest or their	representative(s) are req	uired. Submit multiple
	nature is required, see below*.		,	
★Total of 1 forms are s	ubmitted.			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231.